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EARLY DAYS IN THE FIRST AMERICAN TRAINING SCHOOL FOR NURSES

By LINDA RICHARDS, R.N.

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This school was organized in connection with the New England Hospital for Women and Children, now in Roxbury, Mass., but which at the time of the opening of the training school, September 1, 1872, was located in one of the busy sections of the city of Boston. The organizer was Dr. Susan Dimock, a young woman who had completed four years of study in Europe and who had, even before her return to America, been appointed to the position of resident physician of the hospital. Some time previous to the opening of the school I had been informed that such a school was to be organized and I had made application for admission, had been accepted and my name had been placed on file.

About the middle of August I had received instruction to present myself at the hospital upon the opening day of the school. This I did, arriving at about 9 a.m. I was shown into the reception room by a maid who said, "You are to wait here till the doctor comes to see you." I had not long to wait till a small, very dignified and very pleasant little lady appeared and introduced herself as Dr. Dimock, saying to me, "You are Miss Richards, I suppose." Upon my answering in the affirmative she placed a chair near mine, telling me to be seated while she seated herself and, after asking me a few questions, she told me in the kindest way what some of my duties were to be and spoke earnestly of some of the necessary qualifications in a nurse, particularly did she mention gentleness and kindness, earnestness and promptness. When she had ended her little talk, which left an impression upon me which has followed me all these long years since that time, she went with me upstairs and spoke to a nurse who came to us. After introducing me she said, "This is our first nurse to enter the training school." This nurse was instructed to take me to my room, have me get ready for duty and then take me to her ward where I was to act as her assistant. To say that the nurse greeted me cordially or kindly, would be stating an untruth. When has one ever seen old hospital nurses cordial to pupils entering the training schools? Of this the present probationers and pupil nurses know nothing, as all are in training, but the early nurses in training schools suffered not a little from the majority of the old hospital nurses who were very jealous of those who, they felt, would



Linda Richards

supplant them and who they, in their own hearts, knew would care much better for the sick under their care. The old hospital nurses, with whom the very early pupil nurses were of necessity thrown, were like all of their class, and the first nurse I met upon entering the training school, so long as she remained in the hospital maintained the same attitude toward me as she did upon our first meeting. But our class, which numbered five, was soon full and a more united class I have never seen. We cared very little for the scowls of those who would not enter the school themselves but would make it so unpleasant for those who did.

At the end of my first two weeks in the school, the hospital was moved to the then new buildings in Roxbury. The moving was indeed an event, sick people, doctors, internes, nurses and servants with all appliances of every kind. The new buildings consisted of a main or hospital building which would accommodate sixty patients, with a suite for the resident physician, rooms for the internes (then four in number) and nurses. The servants lived in a small cottage near the main building. In the rear of the main building was a two-story maternity building of two wards, one on the ground floor and one on the second floor. These wards accommodated six patients each, with a delivery room. There were nurses' rooms leading off the corridors and there was also a room for an interne. Three nurses were assigned to this building, one for each ward and one for night duty. The wards were used alternately; one would be filled and while the patients were gradually going home the other would be filled. As each ward was emptied it was very thoroughly cleansed. The nurses had none of this cleaning to do; women scrubbers always attended to that.

In the main building the wards were small. The larger wards contained four beds and the small wards two. A nurse's room was between these two wards and one nurse had charge of the two. If the six patients were not very sick she did her work alone, taking care of her patients day and night. If the cases were hard, she would be given some outside woman to assist her and some one would be called in to care for the sickest ones at night. This neither patients nor nurses liked, as the care given at night frequently counteracted the good done by day and the nurses would often find the sick patient crying in the morning, because hot compresses had only been warm all night or some other discomfort had been occasioned by having a woman knowing nothing of nursing. After six months of the school, this was all changed as one of the pupil nurses was put on night duty and from that time on wards went better.

Each ward had its open fireplaces, in which a fire was kept night

and day from early autumn till late spring, each nurse keeping her two fires, receiving excellent practice and often becoming very skillful in that particular branch. These fires were not so much for the purpose of heating as for cheerfulness and ventilation. In each nurse's room was a set bowl with hot and cold water and on her wall was a small medicine chest. The rooms, though small, were very comfortable. There were three doors, one opening into each of her wards and a third one, into the corridor.

Nurses had their meals served in the same dining room as the doctors but at a separate table and at different hours. The meals were of excellent quality and were well served. The housekeeper, a very excellent woman, presided at their tables. The hours of duty for nurses were from 5.30 a.m. to 9 p.m. with no particularly-appointed times off duty. If the wards were light, nurses might go out with some degree of regularity; if hard, the nurses must wait till they were light. The appliances were not like those of today. For instance, the thermometers were large, clumsy things which bent at right angles and which had to be left in the axilla fifteen minutes before the temperature could be read and then it must be read before removing the thermometer. It was indeed discouraging when a patient, wishing to help the nurse, upon seeing her go towards her bed would take out the thermometer, hand it to the nurse and say with a smile, "There, nurse, I have taken it out to help you." There was nothing left for the hurried and often tired nurse to do but to take the thermometer and replace it for another fifteen minutes. These were very precious articles, costing five dollars, and nurses when unfortunate enough to break one had half the price to pay. But even that, to nurses in training, if indulged in very much, became a very expensive pleasure and only a very reliable patient was allowed to hold the thermometer by herself.

The course of training covered one year, three months being spent in the medical wards, three months in the surgical wards, three months in the maternity, two months caring for private patients and one month on night duty. The visiting staff consisted of Dr. Zekezewska, Dr. Morton and Dr. Sewall. They each manifested interest in us as a class and often called our attention to points which were very helpful to us. Dr. Dimock was the very able surgeon and Dr. Samuel Cabot was the consulting surgeon. Twelve most excellent lectures were given by the staff and these, with a few demonstrations in bandaging given by the young doctors or internes, were of great value to us. Our practical instruction was very largely given by Dr. Dimock, who was most careful in every detail. From the internes were received very valuable instruction and as they were all young women, our intercourse with

them was in no way restricted and some of us found friendships which have continued through all these years and are as strong today as they were at that time. No text books were to be had at the time of our training. The first pupils determined to make the most and best use of everything which came in their way, formed themselves into a class and met when occasion permitted, always after duty hours. By questioning each other and taking care to report any new thing, they managed to acquire considerable knowledge. The underlying principles of the common nursing procedures were those now used. We had no demonstrations of either bathing or of giving enemata, but we were carefully told, then watched, and corrected if we made a mistake. While at a demonstration at the Massachusetts General Hospital recently, I saw only the methods I used in teaching years ago, the only change being in using dolls instead of living subjects. There are many and superior appliances and many more instructors, but the principles taught are the same. The beds look the same as ours did in the New England Hospital. They are higher and not as hard to make now, that is the only difference. I was complimented at Bellevue upon my bandaging and I had really had very little instruction, but the members of our class practised upon each other.

In the board of managers the pupils had firm friends. They knew the faults and virtues of each nurse. They were kind and considerate to us, and we could always count them as friends. There were on the Board such women as Mrs. Edna D. Cheney, Mrs. Arthur Cheney, Mrs. Boardman, Miss Helen Kimball and Miss Susan Carey. Miss Kimball is now president of the Board. There were others, but with the passing of the years their names have gone from me. All were beautiful women and one can well feel honored at having been associated with them.

As I look back upon that year of training, now so far in the past, it looks like a pleasant dream, not in the least a pleasant reality, but when I look upon my diploma, which bears the date September 1, 1873, having the names of some of the very people I have mentioned, I am reminded that it is no dream, it is living reality. How well I remember the morning after my year had closed. Dr. Dimock sent for me to go to her office and very quietly and with a few well chosen words of advice handed me my diploma. It meant much to me, this being a graduate nurse, and the only one in the country. I took my diploma and went to my room for a few moments of quiet thought. I thought of many things which I will not write here, but which I distinctly recollect. I had been trained for hospital work. I would continue in it, if God gave me health and strength; this was my determination. Hardly had I

graduated before three hospital openings came to me, one from my own hospital, to remain as instructor of nurses, one through Dr. Augusta Pope and Mrs. Hobson, who at that time was one of the managers of the Bellevue Training School, and one from the New Haven Hospital. The call from Bellevue was for a night superintendent in their training school, some months younger than our own. This I accepted, engaging to remain one year. At the expiration of my year there I was asked to go to Boston to take charge of the school at the Massachusetts General Hospital. I accepted this call and so it came about that this first American Training School for Nurses gave to the Bellevue Training School its first graduate superintendent of night duty, and to the Massachusetts General Hospital Training School, its first graduate superintendent of nurses, and this not because of any particular ability or merit possessed by me, but because I was the only available person in both instances. When one looks backward over all the years when so much has been accomplished and thinks of the many facilities at hand now to make the training for nurses the very best possible, when we feel that all and even more than all these are only necessities, and then compare the present with the very beginning, when there was literally nothing but the determined class of pupils, with a little, frail, retiring woman loaded with the cares of the hospital and all its patients, the young doctors to instruct, the nurses to train and all this in addition to her own private practice, we wonder how she, in the face of all the difficulties, could have so successfully laid such a firm foundation. It was well laid. It has stood the storms of years. It stands firmly planted today. She surely made bricks without straw, but they show not the least sign of decay. They will be perfect long after we have passed away. Let us not forget to give honor to the founder.

RECENT DEVELOPMENTS IN THE PRELIMINARY COURSE¹

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In looking through the early reports of the American Society of Superintendents of Training Schools, now the National League of Nursing Education, I noted in that of the year 1900, some fifteen years ago, reports from schools from all parts of the country, including Canada, showed a readjustment of the curriculum to the extension of the course from two to three years, then an innovation. It is rather

¹ Read at a meeting of the New York State League for Nursing Education, New York City, October 19, 1915.